## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10 400-0000 90/US

OTHER THAN

SMALL ENTITY

_		<del></del>	(Column 1)		(Column 2)		TYPE			OF	SMALL ENTITY	
TOTAL CLAIMS			19					RATE	PEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	19 minus 20=		• 0			XS 9=		OR	X\$18=	0
	DEPENDENT C		2 minus 3 =		*	ð		X43=		OR	X86=	0
Μt	JLTIPLE DEPEI	NDENT CLAIM P	RESENT			·		+145=		OR	-290=	0
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			İ	TOTAL		OR	TOTAL	110	
		LAIMS AS A	MENDED - PART II						<u> </u>		OTHER	
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	0: 1:::	-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
•		nn 2)	(Column 3)	•	ADDIT. FEE		<b>.</b> .	ADDII. FEE				
		(Column 1) CLAIMS		HIGHE		(Coldinii 3)	lr		ADDI-	1 1	1	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	· ·	OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+145=		OR	+290=	
								TOTAL DDIT FEE		OR ,	TOTAL ADDIT. FEE	• -
(Column 1) (Column 2) (Column 3)										•		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=	-		X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the onto in reliance 2 and 100								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPTION OF TOTAL ADDIT. FEE												
		ber Previously Paid					four	nd in the soo	rontiate how	in coli	ımn 1	